

**STATE OF WASHINGTON**  
**DEPARTMENT OF CONSERVATION**  
**AND DEVELOPMENT**

No. **A.6067**

**WELL LOG**

Date **10-31**, 19**61**

Record by **owner**  
 Source **driller's record**

Location State of **WASHINGTON**

County **Island**

Area

Map  
 Govt. Lot **2**  
 1/4 1/4 sec **17T33 N, R 2 E**

Drilling Co **owner**

Address

Method of Drilling **dug** Date **10-23**, 19**61**

Owner **Sidney H. & Karl J. Dicken**

Address **Rt. 1, Box 538, Oak Harbor, Wash.**

Land surface, datum **ft above**  
**below**

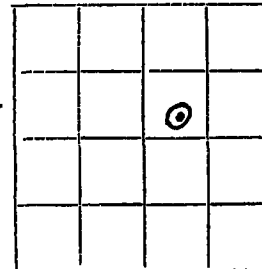


Diagram of Section

CORRE- LATION	MATERIAL	THICKNESS (feet)	DEPTH (feet)
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(Transcribe driller's terminology literally but paraphrase as necessary in parentheses  
 If material water bearing so state and record static level if reported Give depths in feet  
 below land surface datum unless otherwise indicated Correlate with stratigraphic column  
 if feasible Following log of materials list all casings perforations screens etc )

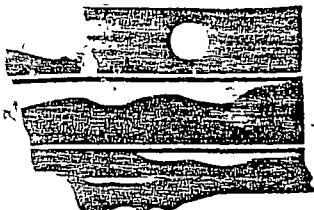
	Top soil	2	2
	Sand gravel mixture	2	4
	Hard clay & gravel	8	12
	Fine clean water bearing sand	20	32
	PUMP TEST:		
	WELL: 42"x32'		
	SWL 12 ft.		
	Yield: 80 g.p.m.		
	Water Temp. 52°		
	Type & size of pump Centrifugal		
	Type & size of motor: electric, 2 hp		
	CASING:		
	42" diam. concrete liner from 0		
	to 32 ft.		
	PERFORATIONS:		
	6- 2"x4" openings in bottom of		
	concrete liner covered by 1/4"		

Turn up (over) Sheet of sheets

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S F No 7440-12-54-3M 40108

**of Ecology does NOT Warranty the Data and/or the Information on this Well Report.**



WASHINGTON STATE  
DEPARTMENT OF  
ECOLOGY

# Well Tagging Form

Unique Well Tag No: AGA600

## RECORD VERIFICATION (check ☒ one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive SPE 2
- ☐ Well Report not available

## WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name: DUGWALLA COMM, INC Last Name: \_\_\_\_\_

Street Address: 20250-L

City: \_\_\_\_\_ State: \_\_\_\_\_

## LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: VERA VIEW

City: \_\_\_\_\_ County: \_\_\_\_\_

T. \_\_\_\_\_ N. R. \_\_\_\_\_ W.M. Sec. \_\_\_\_\_ 1/4 of the \_\_\_\_\_

## FOR AGENCY USE ONLY

Latitude \_\_\_\_\_

Longitude \_\_\_\_\_

Elevation at land surface \_\_\_\_\_ feet/meters (circle one)

Additional information, if available:

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other \_\_\_\_\_

State Dept of Health

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**FOR AGENCY USE ONLY**

**WELL CHARACTERISTICS**

cal Description of well (size of casing, type of well, housing, etc.)

5' FROM SRC #1 - PVC WELL, 12" CASING

ion of Well Identification Tag:

supplemental tag needed for ease of identifying well?

☐

Yes

☐

No

where was tag placed?

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION \_\_\_\_\_

C	B	A
F	G	H
L	K	J
P	Q	R

MENTS:

**FOR ECOLOGY WATER RESOURCES PROGRAM ONLY**

Right # \_\_\_\_\_

Date Issued \_\_\_\_\_

One: Application

Permit

Certificate

Claim

Exempt